Session 12:

The Child Core Set and Measuring the Quality of Health Care in Medicaid and CHIP

- Basics of Quality Measurement
- The Child Core Set of Health Care Quality in Medicaid and CHIP
- State Managed Care Quality Strategy
- Managed care plan Quality Assessment and Performance Improvement Program (QAPI)
- Health Plan External Quality Review
- How these elements inform the MCO procurement process
- Resources

Why Measure Quality?

- Create an effective and efficient health system
  - Assure access to services
  - Improve quality of services
  - Enhance enrollee experience
  - Reduce unnecessary costs/waste

- Not just a data collection and reporting exercise
- Data should be used to:
  - Identify opportunities and establish priority areas for improvement in the state's quality strategy
  - Measure progress on quality improvement (QI) initiatives
  - Assess and compare health plan performance
  - Address health disparities

What are quality measures?

- Tools that help us measure or quantify:
  - Health care processes,
  - Outcomes
  - Patient perceptions
  - Organization structure/systems
- Also known as performance measures
- Primary purpose should be to identify improvement opportunities

What is a measure steward?

- An individual or organization that "owns" a measure and is responsible for maintaining it.
- Stewards are responsible for:
  - Measure specifications
  - Measure testing
  - Periodic review and updates
- Measure stewards are often measure developers but not always
- For example: NCQA, NQF, CDC

Types of Measures

Structural

- Evaluates infra-structure, (e.g., systems, personnel and facilities)
- Example: has the MCO specified the state's periodicity schedule for well child care?

Process

- Measures system function; determines if services are consistent with care guidelines
- Example: are children diagnosed with asthma receiving controller medications?

Outcome

- Measures change in health or behavior
- Example: has the number of asthma-related E.R. visits for children been reduced?

Patient Experience

- Provides feedback from patient
- Example: does doctor treat you with respect and explain things in an easily understood way?

Quality Measurement/Reporting Prior to Child Core Set

HEDIS
Health Effectiveness Data and Information Set

- Predominant set of performance measures
- Published by National Committee on Quality Assurance
- Used for Medicare, Medicare, and commercial insurance
- Many providers already collecting data
- Fewer child/youth specific measures
- More process than outcome focused

CAHPS
Consumer Assessment of Health Care Providers/Systems

- Patient satisfaction with providers or plans
- Developed by AHRQ
- Consumers and patients report on their experience with health care
- Different versions for commercial insurance, Medicare, and Medicaid
- Supplement for children with chronic conditions

EPSDT Reporting
Early and Periodic Screening, Diagnostic and Treatment Services in Medicaid

- Reported on CMS Form 416
- Required of all states for Medicaid and M-CHIP
- Age breakdowns
- Reports enrollment, screenings, and select services
- Most recent EPSDT data = 2019

2009 CHIP Reauthorization Act
Launched New Child Quality Initiative

- Develop and update a set of standardized, evidence-based measures which states report (Child Core Set) for Medicaid, CHIP or the two coverage sources combined

- Improve the mechanism states use to report quality measures to CMS

- Provide technical assistance to states

- Publish Annual Report on Child Health Quality

- Funded quality improvement grants

- Created Pediatric Quality Measures Program

- The ACA also called for an Adult Core Set

The Evolution of the Core Sets

- Annually, the core sets are reviewed by a cross-sector workgroup

- Measures are considered for addition or removal

- Measures must meet specific technical requirements for consideration

- To be recommended for, measures must receive a 2/3's vote from the workgroup

- CMS makes final decision

Child Core Set Measures Categorized in 6 Domains

- Primary Care Access & Preventive Care
- Maternal and Perinatal Health
- Care of Acute & Chronic Conditions
- Behavioral Health Care
- Dental and Oral Health Services
- Experience of Care (CAHPS)

Adult Core Set Also:

- Includes Care Coordination and Long Term Services & Supports
- Excludes Dental and Oral Health Services

See: Core Set Measures History Table

Are states ready for mandatory reporting?

Reporting is Currently Voluntary

- Reporting has improved over time; in 2020:
  - The median = 19 of 24 measures
  - 16 states reported at least 22 measures
  - 4 states reported 10 or fewer measures
- Reporting becomes ***mandatory*** starting in FY 2024
  - All Child Core Set Measures
  - Adult Behavioral Health Measures

Key Questions
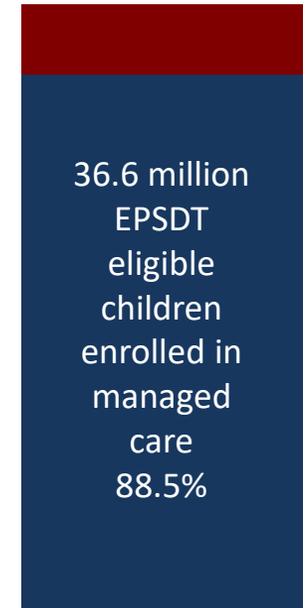
- CMS has yet to issue guidance or rulemaking on mandatory reporting
- Will states be required to disaggregate data?
  - Race and ethnicity?
  - By managed care entity?
- Is there a phase in period for new measures?
- Will CMS use T-MSIS data to calculate measures on behalf of states?

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States Must Have Managed Care Quality Strategy

- A written strategy for assessing and improving the quality of managed care

- Provides comprehensive details about the state's managed care programs and its oversight and quality assurance

- Must be reviewed at least every 3 years and updated after significant changes

- Requires input from Medicaid advisory committee and tribal organizations, if applicable

- Their must be an opportunity for public comments and rthe strategy requires CMS review

- Strategy, updates, and all reviews must be posted on state website

Of 41.4 million EPSDT eligible children, >88% were enrolled in managed care in FY 2019

36.6 million EPSDT eligible children enrolled in managed care 88.5%

Source: Form 416 Reporting

*The 2016 managed care regulations added a 4th mandatory and 6th optional EQR activities. CMS has yet to develop a detailed set of protocols that outline acceptable methodologies for conducting the required elements of EQR.

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State Managed Care Quality Strategy Specifics

- Network adequacy standards
- Quality improvement goals
- Quality metrics and performance targets
- Quality measures and performance outcomes to be publicly posted
- Description of performance improvement projects

- Arrangements for External Quality Review (EQR)
- How the plan will address health disparities
- Mechanisms relating to services for individuals with special health care needs or receiving LTSS
- How the state defines "significant change"

State Managed Contracts and Quality

Quality Assessment and Performance Improvement Program (QAPI)

- Identifies standard performance measures
- Requires collection and submission of performance data
- Includes mechanisms to
  - detect both underutilization and overutilization
  - identify and assess quality and appropriateness of care for people:
    - With special health care needs
    - Receiving LTSS and HCBS

Performance Improvement Projects (PIPs)

- Must use objective quality indicators
- Implement interventions to achieve improvements in access and quality
- Evaluate the effectiveness of interventions based on the quality indicators
- Plan and initiate activities for increasing or sustaining improvement

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Health Plan External Quality Review (EQR)

- States must contract with one or more EQROs
  - That meet specific qualifications regarding competence, financial security and independence
  - Secured through open, competitive procurement process
- EQROs must:
  - Compile and review all collected data and prepare the annual technical report
  - Use specific quality review protocols

- Reports must be submitted to CMS but lack standardization and detail
  - States cannot substantively revise the content without evidence of error or omission
- Applies to:
  - Managed Care Organizations (MCO),
  - Prepaid Inpatient Hospital Plans (PHIP),
  - Health Insuring Organizations (HIO)
- Some requirements apply to certain:
  - Primary Care Case Management (PCCM)

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Mandatory EQR Activities

- Validation of Performance Improvement Plans (PIPs)
- Validation of required performance measures
- Review of compliance with managed care and QAPI standards every 3 years
- Validation of network adequacy every 12 months*

Optional EQR Activities

- Validation of encounter data
- Administration or validation of consumer/provider surveys
- Calculation of additional performance measures
- Conduct additional PIPs
- Conduct special studies
- Assist with MC Quality Rating System*

*The 2016 managed care regulations added a 4th mandatory and 6th optional EQR activities. CMS has yet to develop a detailed set of protocols that outline acceptable methodologies for conducting the required elements of EQR.

EQR is A Key Tool

- A required activity for more than a decade

- Has not always lived up to potential; but now stronger

- Improves data transparency and timeliness

- Hold MC plans accountable for performance expectations

- Provides states with financial incentives to innovate quality activities

Creative Ways to Use EQR

- Test a new measure or a consumer survey

- Direct testing of encounter data submitted by the health plans

- Stratification of quality data to examine health disparities

- Conduct studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time

The Quality Strategy and MCO Procurement Process Cycle

- Review quality data
- Assess child and maternal health improvement opportunities
- Provide input on quality strategy

- Encourage state to conduct RFI or post draft RFP for comment
- Ensure that child and maternal health priorities are included

State Quality Strategy

MCO Contract Process

Assess Quality and Update State Strategy

External Quality Review

- Push for transparency and disaggregation of quality data by plan and demographics

- Review EQR reports and findings
- Identify improvement opportunities

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Resources

- [CCF: Measuring and Improving Health Care Quality for Children in Medicaid and CHIP: A Primer for Child Health Stakeholders](#).

- [Medicaid/CHIP Managed Care Regulations: Assuring Quality](#)

- [Quality Measures: How They Are Developed, Used, and Maintained](#)

- [National Quality Forum Glossary of Terms](#)

- Medicaid.gov [Quality Measure Resources](#)

- [Annual Core Set Review Process and Archives](#)

- [NHeLP Medicaid External Quality Review: An Updated Overview](#)

- MACPAC Report on [State Readiness to Report Mandatory Core Set Measures](#)

For More Information

Center for Children and Families website
- ccf.georgetown.edu

Say Ahhh! Our child health policy blog
- http://ccf.georgetown.edu/blog/

Children's Health Care Report Card Interactive Data Hub -
- https://kidshealthcarereport.ccf.georgetown.edu/